Preassessment of the Pharmaceutical Management System, Republic of Namibia: Trip Report August 18–26, 2003

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About RPM Plus

The Rational Pharmaceutical Management Plus (RPM Plus) Program, funded by the U.S. Agency for International Development (cooperative agreement HRN-A-00-00-00016-00), works in more than 20 developing countries to provide technical assistance to strengthen drug and health commodity management systems. The program offers technical guidance and assists in strategy development and program implementation both in improving the availability of health commodities—pharmaceuticals, vaccines, supplies, and basic medical equipment—of assured quality for maternal and child health, HIV/AIDS, infectious diseases, and family planning and in promoting the appropriate use of health commodities in the public and private sectors.

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Contents

Acronyms

AIDS	acquired immune deficiency syndrome
ANC	antenatal care
ART	antiretroviral therapy
ARVs	antiretrovirals
CDC	Centers for Disease Control and Prevention
CE	Commodity Exchange
CHS	Catholic Health Services
CMS	Central Medical Stores
COM	Chamber of Mines
EC	European Commission
ELISA	Enzyme Linked Immunosorbent Assay
EML	Essential Medicine List
FHI	Family Health International
GRN	Government of the Republic of Namibia
GTZ	Deutsche Gesellschaft für Technische Zusammenarbeit GmbH (German Development Service)
HCW	health care worker
HIV	human immunodeficiency virus
MIS	management information system
MOHSS	Ministry of Health and Social Services
MSH	Management Sciences for Health
NACOP	National AIDS Coordinating Programme
NAD	Namibian dollar
NAEC	National AIDS Executive Committee
NASOMA	National Social Marketing Association
NDP	National Drug Policy
NEMLIST	Namibia Essential Medicines List
NHTC	National Health Training Center
NIP	National Institute of Pathology
NTP	National Tuberculosis Programme
NVP	Nevirapine
PMTCT	prevention of mother-to-child transmission
PSEMAS	Public Service Employees Medical Aid Scheme
RH	reproductive health
RPM Plus	Rational Pharmaceutical Management Plus Programmme
SO	Strategic Objective

STI	sexually transmitted infection
TA	technical assistance
TB	tuberculosis
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNC	University of North Carolina
UNFPA	United Nations Fund for Population Activities
UNICEF	United Nations Children's Fund
USAID	U.S. Agency for International Development
USD	U.S. dollar

Background

Management Sciences for Health (MSH)/Rational Pharmaceutical Management Plus (RPM Plus) Program has received Strategic Objective (SO) 4 funds from the U.S. Agency for International Development (USAID) to assist USAID Missions, cooperating agencies, and countries in assessing the capacity of the local government to meet health commodity needs that support expansion of HIV/AIDS programs. The objectives of these assessments are identifying constraints and challenges, from a health-commodity management perspective, related to introducing or expanding access to antiretroviral drugs (ARVs), and proposing options for improvements.

RPM Plus conducted a preassessment visit to Namibia in August 2003. During the visit, the team also discussed issues related to the indicator-based assessment of current pharmaceutical capabilities to support scale-up and expansion of programs for prevention of mother-to-child transmission (PMTCT) and antiretroviral therapy (ART), which is scheduled for the last quarter of 2003. Before and during the visit, the team gathered information to assist in developing methodology and instruments for the more detailed assessment. Data were collected during the preassessment phase from document review, meetings with key informants, and visits to selected sites, including Katutura and St. Mary's Hospitals. In keeping with the RPM Plus approach, the preassessment data collection focused on the steps of the drug management cycle, obtaining information on policy and legal frameworks (including registration), selection, procurement, distribution, rational use, and management support systems (including information systems and human resources). Information was also obtained on the initiatives and roles of various stakeholders.

Purpose of Trip

The purpose of the visit was to discuss and identify areas where support may be provided to USAID/Namibia initiatives, in support of the Ministry of Health and Social Services (MOHSS) of Namibia. Francis Aboagye-Nyame, Senior Program Associate, MSH/RPM Plus; Laila Akhlaghi, Senior Program Associate, MSH/RPM Plus; and Dr. Michael Thuo, Regional Technical Adviser, MSH/RPM Plus Nairobi Office, traveled to Windhoek, Namibia, from August 18 through August 26, 2003.

Scope of Work

The scope of work for the team was as follows—

- Meet with USAID/Namibia Mission staff to discuss the needs assessment and methodology as well as possible approaches and activities for RPM Plus to support USAID/Namibia's priorities and strategic objectives for HIV/AIDS specifically, and commodity management in general
- Make a preliminary determination on the availability of data and possible data sources

- Meet with other key stakeholders and local partners within the Namibian government, including the Ministry of Health, and other cooperating agencies and partners for input on areas of need concerning pharmaceutical management and areas to target to strengthen local systems to increase access and use of quality services

- Participate in a departure debriefing for USAID/Namibia upon request

Activities

Meet with USAID/Namibia Mission staff to discuss the needs assessment and methodology as well as possible approaches and activities for RPM Plus to support USAID/Namibia's priorities and strategic objectives for HIV/AIDS specifically and commodity management in general

The team met with the Kirk Lazell, Team Leader SO5 of the USAID/Namibia Mission, on August 18 and discussed the scope and methodology of the preassessment, including the expectations of the Mission and the MOHSS. Discussions covered the existing commodity management system and the roles of the various stakeholders in HIV/AIDS programs as well as the possible approaches and activities RPM Plus will undertake to support USAID/Namibia's priorities.

Make a preliminary determination on the availability of data and possible data sources

The team reviewed the availability of data and collected a number of background documents for review. The list of documents collected is attached as Annex 4. On the whole, the team observed that MOHSS officers were willing to share the information required for an effective assessment and that key data were readily available in a usable format.

Meet with other key stakeholders and local partners within the Namibian government, including the Ministry of Health, and other cooperating agencies and partners for input on areas of need concerning pharmaceutical management and areas to target to strengthen local systems to increase access and use of quality services

A number of meetings and interviews were held with several stakeholders in HIV/AIDS and pharmaceutical management programs. These were geared toward gaining an insight into the challenges and expectations of the pharmaceutical management system from the perspectives of the various partners that RPM Plus may assist in meeting their goals. The persons and organizations are listed in the section Collaborators and Partners.

Brief summaries of the various meetings are provided below.

Monday, August 18, 2003: UNFPA

The team, accompanied by Kirk Lazell, met with Kamal Mustafa, the representative of the United Nations Fund for Population Activities (UNFPA), at the UNFPA offices in Windhoek. The role of the UNFPA in commodity management and HIV/AIDS programs in Namibia was discussed. The UNFPA is particularly concerned about the chaotic nature of condom procurement and distribution in Namibia, which results from lack of central management, inadequate forecasting of needs, and lack of a proper distribution system for condoms. Condoms are distributed mainly through three routes: public sector, subsidized social marketing, and private sector. It was observed that as the demand for condoms increases, the supply system may not be able to keep up. Anecdotal evidence seems to show that getting condoms to the regions and districts does not mean they get to the stores, pharmacies, and users.

Monday, August 18, 2003: MOHSS team
The preassessment team, accompanied by Kirk Lazell, met with the MOHSS team for a briefing on the assignment. Present at the meeting were—

Dr. Norbert Forster	Under Secretary, Ministry of Health and Social Services
Paulina Nghipandulwa	Deputy Director, Clinical Support Services (Acting Director, Tertiary Health Care)
Johannes ≠Gaeseb	Director, Pharmaceutical Control and Inspection (Acting Director, Division of Pharmacy Services)
Gilbert Habimana	Distribution Pharmacist, Central Medical Stores (CMS) (Acting Chief, CMS)

Dr. Norbert Forster briefed the team on the existing structures for pharmaceutical management as well as the restructuring envisaged in the MOHSS and how it will impact the pharmacists and pharmaceutical management. He mentioned the critical manpower situation in the sector as one major concern and noted that almost all the positions were filled by "acting" officers. He was particularly concerned about the current situation of the CMS, which he stated was a very important program. He would like everything in the CMS strengthened so that it can manage the ART programs. Dr. Forster wants the team to propose incentives for bringing pharmacists to the public sector and for retaining them. He also discussed other aspects of pharmaceutical management and highlighted areas that need review and strengthening.

Tuesday, August 19, 2003: Central Medical Stores
The team visited the CMS of Namibia and met with the following people—

Gilbert Habimana	Distribution Pharmacist (Acting Chief Pharmacist, CMS)
Harriot Lima	Tender and Procurement Pharmacist
Meladie Shilango	Accounting Clerk
L. Shifotoka	Chief Clerk, Generic Support Services, Transport

Extensive discussions were held on the operations of the CMS, covering procurement, storage, inventory control, distribution, transportation, and financial management. Major concerns raised were the lack of quality and quantity of staff, low salary compared to responsibilities, aged trucks, lack of training in the computerized inventory control system, and lack of a systems administrator to fix basic software and hardware problems. The CMS staff indicated they need help in quantification of pharmaceutical products requirements, assistance in tendering information on the Trade Account, and a general strengthening of the procedures in the warehouse. One of the major challenges is that the CMS staff do not have time to conduct system reviews, or planning, because they are constantly responding to one crisis after another.

Tuesday, August 19, 2003: Family Health International
The team met with Rose Cnuddle De Buysscher, Family Health International (FHI), Country Director. Discussions centered on the activities of FHI in Namibia and how improving pharmaceutical management would enhance FHI's operations. The team was informed that FHI

had received USD 400,000 for the procurement of ARVs and test kits. Ms. De Buysscher indicated that no partner wanted to create a parallel system, but rather CMS should be strengthened to handle the procurement and distribution. FHI requested assistance with obtaining waivers to buy generic ARVs.

Wednesday, August 20, 2003: Acting Director, Division of Pharmacy Services
The team had discussions with Mr. Johannes ≠Gaeseb, Director, Pharmaceutical Control and Inspection, who is also the Acting Director of the Division of Pharmacy Services. Discussions focused primarily on the legal and policy environment for pharmaceutical management, including the extent of implementation of the National Drug Policy (NDP). Other areas of focus included management support and monitoring and evaluation systems for pharmaceutical management.

Wednesday, August 20, 2003: National TB Programme, MOHSS
The activities of the National Tuberculosis Programmme (NTP), sexually transmitted infections (STI) program, and National AIDS Coordinating Programme (NACOP) were discussed during a meeting with Rosalina Indongo, Health Programme Administrator, and M.L. Akuaake, Chief Medical Officer, Primary Health Services, both members of NACOP. The team was informed that a new division at MOHSS, called the Division of Disease Control, had been formed to oversee the management of HIV/AIDS, tuberculosis (TB), and malaria. CMS procures and distributes all the supplies for the NTP. NTP gives CMS its prevalence figures and CMS calculates the drugs required for treatment. They indicated that CMS had a good system, they never experienced shortages or overstocking of TB drugs, and it was easy to get drugs. Most TB drugs are from South Africa, and it takes about two weeks for drugs to get to CMS, so the CMS does not keep a buffer stock of TB drugs. The NTP does some coordination among regions and districts to avoid overstock, expiration, and stock-outs of TB medicines. Drugs are ordered at the facility level with no involvement of the NTP. TB guidelines have been developed and disseminated to every physician; the guidelines are due for revision soon. However, no monitoring is done of prescribing practices.

Wednesday, August 20, 2003: National AIDS Coordinating Programme
NACOP partners include the World Health Organization, USAID, Joint United Nations Program on HIV/AIDS (UNAIDS), Centers for Disease Control and Prevention (CDC), European Commission (EC), Franco-Namibian Corp., FHI, German Development Service (GDZ), and United Nations Children's Fund (UNICEF). Between 2001 and 2002, NACOP had trained about 250 private and public physicians in the clinical management of HIV/AIDS. UNAIDS has provided technical and financial support for training and development of the Namibia global fund proposal.

Wednesday, August 20, 2003: Condom Promotion and Social Marketing Sub-Committee
A special meeting of the committee was called at the request of Kirk Lazell for interaction with the RPM Plus team. Members present were—

Kamal Mustafa, UNFPA Representative (Acting Chairman)
Elizabeth Kauna Pamela Aupindi, NACOP
Mulunesh Tennagashaw, Country Programme Advisor, UNAIDS
Kirk Lazell, Mission Health Officer, USAID

Representative of Commodity Exchange (CE)
Representative of National Social Marketing Association (NASOMA)
Representative of French Corporation
Representative of UNICEF

Problems associated with forecasting needs for and distributing condoms were discussed. In particular, it was observed that there was no comprehensive condom programming, which leads to artificial and real shortages as well as to the overstocking of condoms at times. CE, a privately owned condom repackaging firm, has a two-year contract with CMS, but it is not being honored. CMS is not buying the condom quantities it agreed to in the contract. CE observed that CMS had problems with transport. The Ministry of Women Affairs and Child Welfare was supposed to procure and deliver female condoms, but this ministry does not seem to have the capacity or interest to take up the responsibility. The Ministries of Health, Finance, Defense, Women Affairs, Education, and Reproductive Health all order condoms, but they do not communicate. There is also a lack of adequate community distribution of condoms.

Some expectations of the condom committee were—

- Central condom management system under the auspices of the MOHSS, probably based at the CMS
- Distribution points for condoms identified
- Efficient system for the distribution of condoms by CMS to the user points based on expressed need and appropriate programming
- Improved communication between various ministries, condom committee, and CMS
- Condom monitoring system
- Quality assurance testing of all condoms distributed in both the public and private sectors

Wednesday, August 20, 2003: Chairperson of the HIV Clinicians Society
The team had extensive discussions with Dr. Flavia Mugala-Mukungu, physician and Chairperson of the HIV Clinicians Society. Dr. Mugala is very familiar and involved with various HIV/AIDS initiatives, including training of health care workers (HCWs) on HIV/AIDS care and developing guidelines. She described the eligibility processes and responsibilities of various HCWs and the lab and pharmacy capacities for the HIV/AIDS sites with which she has been working. Her concerns with the HIV/AIDS programs in the country were the lack of trained health care professionals needed to keep up with the growth of the programs, especially the time nurses required for counseling patients on ART, which takes them away from their other work. Dr. Mugala's other concerns included management and quality of manpower at the CMS, forecasting of ARV and related commodity requirements, and proper ART prescribing and dispensing by private physicians. She would like to see a new post created in each region for HIV/AIDS coordination, therapeutic committees in each hospital providing ART, linking of HIV and TB programs, and for the Government of Namibia to allow physicians and pharmacists to work in both the private and public sectors.

Thursday, August 21, 2003: GTZ
The team met with Anne Frisch, Co-ordinator, Namibian-German Reproductive Health (RH) Project, GTZ, and discussed the role of GTZ in HIV/AIDS programs. GTZ works with a number of institutions to support RH/HIV/AIDS activities. She observed that female condoms were launched before anyone knew how they were going to be supplied and that the Ministry of Women Affairs does not have the capacity to deal with the procurement and distribution of female condoms. An issue of major concern was that there are few qualified people at the ministry and few opportunities for training. Those who are adequately qualified are in the private sector. She disagrees that the lack of human resources is the major problem, but thinks that staff have too many responsibilities and job descriptions are poor or redundant.

Thursday, August 21, 2003: Visit to Katutura Hospital, Windhoek
This 800-bed hospital is the national referral hospital for TB. HIV-positive patients used to be 10 percent of attendances but now constitute 15–20 percent. In March 2002, along with Oshikati Hospital, in the north, the hospital started a PMTCT pilot. It started out slowly but has picked up. Following the launching of the national ART guidelines on April 15, 2003, with the assistance of CDC, workshops have been held for medical personnel. The hospital has an eligibility committee with strict guidelines for admission to the ART program. A very highly motivated pharmacist constantly monitors prescribing by doctors. Currently, the hospital has a six-month supply of ARVs for all people in the program. Patients pay a flat rate of NAD 15 (USD 2) for admission into the program; this fee includes the costs of all diagnostic tests. Laboratory tests cost NAD 120 for ELISA and NAD 495 for CD4 in the private sector. The hospital faces a shortage of counselors and nurses to keep up with the amount of time required for adequately counseling people living with HIV/AIDS and performing other hospital responsibilities.

Thursday, August 21, 2003: Ministry of Finance
The team held discussions with the Ministry of Finance officers responsible for the Public Service Employees Medical Aid Scheme (PSEMAS) and an officer from NAMHealth, the private firm responsible for claims processing under the scheme. Present at the meeting were—

Tovio Shiimbi, Director of Administration, Ministry of Finance
E. Coetzae, Benefits Manager, PSEMAS, Ministry of Finance
Josephat Mwatotele, General Manager, NAMHealth

Medical costs of public sector employees are covered under PSEMAS, which is managed by the Ministry of Finance. Members pay NAD 60/month and NAD 30 for each dependent; members also co-pay 5 percent, with no ceiling on benefits. The Ministry of Finance has outsourced the management of the scheme to NAMHealth, which is responsible for membership and budgeting. The budget for 2003 was NAD 361 million for all expenditures; however, it is projected to actually be about NAD 380 million. PSEMAS has usually goes over budget every year. Forty percent of all expenditures are on medicines, with chronic medications forming 20–25 percent and ARVs 12–15 percent. NAMHealth observed that PSEMAS has experienced a steady growth in membership and the percentage spent on ARVs is going up, suggesting an increase in the number of people living with HIV/AIDS. There is no limit to the values of medicines dispensed, except drugs on the exclusion list or those that have to be prescribed by a specialist. For

reimbursement, there are no restrictions on who can prescribe ARVs, or the type of therapy prescribed. All ARVs are reimbursed by the scheme. The major challenge facing NAMHealth is government expectations for complete coverage against the background of sustained financing and that of government employee unions.

Thursday, August 21, 2003: Namib Link Pharmacy
The team visited some retail pharmacies and held discussions with John Mannheimer, Pharmacist and proprietor/manager of Namib Link Pharmacy in Windhoek. Discussions were also held with a representative of Geika, one of the two wholesalers in Namibia. It was observed that there is an active pharmacists association in Namibia. Most pharmacists have not received training in ARVs. There are about 50 pharmacies in the country, 25 of which are in Windhoek. The wholesaler indicated that even though working with CMS is difficult, they always get paid on time for supplies made. The major complaints by the wholesaler were that CMS does not buy the quantities on contract, will not give notice of when and how much it will order, and if the supplier is not able to supply in a timely manner, CMS has a buy-out option.

Friday, August 22, 2003: Visit to St. Mary's Hospital, Rehoboth
The hospital is one of the five USAID PMTCT sites. The other four are all based in the north of the country. St. Mary's Hospital serves as a district hospital and is part of the Catholic Health Services (CHS), but it is 100 percent subsidized by MOHSS, which is the case for all faith-based health facilities. The persons met during the visit were—

Dr. M. Kangudie, Medical Officer
Sophia Erdmann, Matron
Sister Ireene Mouton, PMTCT Coordinator
Maria Asino, Pharmacy Assistant
Laboratory clerk

The hospital has a catchment population of about 30,000, with three clinics that refer to the hospital. It serves the inpatient facility in the district and has a TB clinic with 18 outreach points. The facility is staffed by four medical officers on contract, paid by MOHSS but accountable to CHS, three Cuban volunteer doctors, and five private doctors who have private surgery practices and use the facilities. Two people work in the pharmacy, a pharmacy assistant and a nurse who provides support. There is one private pharmacy in the district, and one private clinic (a doctor comes from Windhoek on appointed days and refers to Windhoek). Antenatal care (ANC) clinics are held every day, and counseling is provided both before and after HIV testing prior to enrolling patients for PMTCT. Of the 605 patients who have come in for ANC, 55 tested HIV-positive (10–11 percent). Of these, 47 patients are enrolled in the PMTCT program and 7 are still pregnant. There is stable growth of two or three patients/month, related to a birth rate of 1.6 percent. St. Mary's plans to provide ART to anyone in the district who qualifies under a program that will be launched in September 2003. Drugs will be provided by the CMS. The same eligibility criteria will be used for the PMTCT-Plus and the highly active antiretroviral therapy programs, even though they are funded separately.

The hospital pharmacy orders drugs monthly, and CMS takes three weeks to deliver. Typically, CMS supplies only about 60 percent of the order and some of the quantities are reduced; the

hospital is not informed when products will be shorted, or when they will come in. Products supplied by CMS are usually of good quality and shelf-life. Stock records are used to decide what and how much to order. The pharmacy does not stock ARVs currently. Nevirapine for the PMTCT program is not supplied through the CMS, but through the CHS. It is stored in the maternity ward. A management information system (MIS) was in place, which the Pharmacy Assistant uses for inventory management and drug use reviews. CHS employees are eligible for ART through the Roman Catholic Pharmacy in Windhoek.

Friday, August 22, 2003: CDC
The team held discussions with Tom Kenyon, Country Director, CDC, and NACOP adviser. Also present at the session was Robert Ryder, Professor of Epidemiology and Medicine, of the University of North Carolina (UNC). The discussion centered on the activities of CDC in Namibia, with special emphasis on its role in HIV/AIDS programs. CDC is assisting six government hospitals with implementation of PMTCT. CDC supported the production of national ART guidelines and is assisting NACOP in training practitioners. The NACOP training will be turned over to the National Health Training Center (NHTC) and a National Training Manager will be hired to manage it. CDC will provide assistance to link the NHTC audiovisually with other centers across the nation so trainers will not have to travel all around the country. CDC has supported the development of the National Institute of Pathology (NIP), the main provider of laboratory services in Namibia. CDC's support has taken the form of providing equipment, developing standard operating procedures, and training. CDC is currently working with NIP to set up a referral system for laboratories. CDC has procured CD4 machines for the NIP, and viral load equipment will become available soon in Katutura and Oshikati. CDC expects that CMS's MIS and quantification will be strengthened to support scale-up of HIV/AIDS programs.

Friday, August 22, 2003: Chamber of Mines
The team had discussions with the Namibia Chamber of Mines (COM) on the HIV/AIDS programs of the various mines in Namibia. Present at the meeting were John Rogers, General Manager, Chamber of Mines, and Theo Hangula, Assistant Coordinator, COM, and member of NACOP.

Sunday, August 23, 2003: Dr. Kafidi, former Director of the Division of Pharmacy Services, MOHSS
The team met with Dr. Kafidi, who recently resigned from the position of Director of the Division of Pharmacy Services, MOHSS. Extensive discussions covered the functioning of the pharmaceutical sector and his impressions on how improvements may be made. Some of the major issues raised were—

- Unnecessary bureaucracy at the MOHSS
- Lengthy and cumbersome procedures for hiring staff, especially foreign pharmacists
- High turnover of staff
- Increased volume of work without commensurate increase in numbers and capacity of staff

- Lack of capacity in pharmacy sector to do all the monitoring required by donation programs (e.g., Diflucan)
- Increased workload in the district hospitals caused by decentralization, which may be feasible only in a few hospitals
- Lack of capacity of CMS to enforce supplier contracts; difficult tender conditions for the suppliers
- Lack of a career ladder for pharmacy assistants

Monday, August 24, 2003: Abner Xaogub, NACOP
The team held extensive discussions with Abner Xaogub on the structure, composition, and management of HIV/AIDS programs, including—

- National AIDS Committee (composed mostly of parliamentarians)
- National AIDS Coordination Program (NACOP, which meets four times a year)
- National AIDS Executive Committee (NAEC), chaired by Dr. Foster, which does the daily administration and coordination for NACOP
- Thirteen regional coordinating committees

Other discussions were on the activities of the NACOP and its role in coordinating HIV/AIDS programs.

Participate in a departure debriefing for USAID/Namibia upon request

A debriefing session was organized at the USAID Mission offices on August 25. Kirk Lazell, Team Leader SO5 of the USAID/Namibia Mission, and Amanda Gibbons, USAID, Washington, were present. The debriefing presentation is attached as Annex 2. The session decided that the RPM Plus team will draft scopes of work for the assessment, immediate follow-up activities, and long-term technical support.

Collaborators and Partners

USAID	
Kirk Lazell	Team Leader SO5 of the USAID/Namibia Mission
Amanda Gibbons	USAID, Washington
MOHSS	
Dr. Norbert Forster	Under Secretary, MOHSS
Paulina Nghipandulwa	Deputy Director, Clinical Support Services (Acting Director, Tertiary Health Care)
Johannes ≠Gaeseb	Director, Pharmaceutical Control and Inspection (Acting Director, Division of Pharmacy Services)

CMS - MOHSS	
Gilbert Habimana	Distribution Pharmacist, CMS (Acting Chief, CMS)
Harriot Lima	Tender and Procurement Pharmacist
Meladie Shilango	Accounting Clerk
L. Shifotoka	Chief Clerk, Generic Support Services, Transport
UNFPA	
Kamal Mustafa	UNFPA Representative, Namibia
FHI	
Rose Cnuddle De Buysscher	FHI Country Director
NTP	
Rosalina Indongo	Health Programme Administrator
M.L. Akuaake	Chief Medical Officer, Primary Health Services
Condom Committee	
Kamal Mustafa	UNFPA Representative (Acting Chairman)
Elizabeth Kauna Pamela Aupindi	Member, NACOP
Mulunesh Tennagashaw	Country Programme Advisor, UNAIDS
Kirk Lazell	Mission Health Officer, USAID
Representative	CE
Representative	NASOMA
Representative	French Corporation
Representative	UNICEF
GTZ	
Anne Frisch	Co-ordinator, Namibian-German RH Project, GTZ
Ministry of Finance/PSEMAS	
Tovio Shiimbi	Director of Administration, Ministry of Finance
E. Coetzae	Benefits Manager, PSEMAS, Ministry of Finance
Josephat Mwatotele	General Manager, NAMHealth
NACOP	
Abner Xaogub	Member, NACOP
St. Mary's Hospital	
Dr. M. Kangudie	Medical Officer
Sophia Erdmann	Matron
Sister Ireene Mouton	PMTCT Coordinator
Maria Asino	Pharmacy Assistant
CDC	
Tom Kenyon	Country Director, CDC, and NACOP adviser

Chamber of Mines	
John Rogers	General Manager, COM
Theo Hangula	Assistant Coordinator, COM, and Member of NACOP
Others	
Dr. Kafidi	Former Director of the Division of Pharmacy Services, MOHSS
Dr. Flavia Mugala-Mukungu	Physician and Chairperson of the HIV Clinicians Society
John Mannheimer	Pharmacist and proprietor/manager of Namib Link Pharmacy
Robert Ryder	Professor of Epidemiology and Medicine, UNC
Representative of Geika	

Adjustments to Planned Activities and/or Additional Activities

1. The team could not meet with representatives of the National Institute of Pathology due to scheduling problems.

2. A debriefing could not be organized for the MOHSS.

3. Because of distances, arrangements could not be made to visit regional facilities, most of which are in the north of the country.

Next Steps

Immediate Follow-up Activities

1. Respond to immediate pharmaceutical management needs
    a. Technical assistance (TA) for quantification of ARVs and related commodities
    b. TA for review of condom procurement and supply chain
    c. TA for systems analysis of computerized inventory control system
2. Diagnostic assessment of performance and potential of the existing pharmaceutical management system to support PMTCT and ART programs
    a. Develop strategic options
    b. Conduct options analysis workshop with stakeholders
    c. Implement preferred option(s)

Long-Term Activities

Activities in support of USAID assistance to the Namibian pharmaceutical management system will be developed in consultation with USAID/Namibia Mission, MOHSS, and other collaborators after the various assessments have been carried out. Activities will be developed in a consultative manner to ensure that all concerns are addressed. Some potential activities include—

- Providing long-term TA to assist the CMS in restructuring its operations and MIS
- Providing TA in the implementation of various aspects of a revised NDP, which it is anticipated will result from the pharmaceutical sector assessment
- Reviewing and implementing activities and approaches to address the human resources capacity crises in the area of pharmaceutical management, particularly at CMS

Annex 1. Summary of Findings

Key Stakeholders

USAID/Namibia provides support to MOHSS to improve the pharmaceutical sector. USAID is also supporting MOHSS's PMTCT-Plus program in partnership with CDC. MOHSS requested that USAID/Namibia work with five faith-based hospitals supported by the Government of the Republic of Namibia (GRN) as they scale up to provide PMTCT and PMTCT Plus programs. USAID/Namibia, through its partner FHI, provides technical support to MOHSS and private sector physicians in training and developing national ART guidelines and supports local faith-based organizations and nongovernmental organizations. CDC provides technical assistance and supports training and purchases of laboratory equipment for the NIP (the main provider of laboratory services in the country). CDC also provided technical support for the development of the ART guidelines and has printed and disseminated about 2,000 copies. CDC is supporting six MOHSS hospitals as they scale up PMTCT and PMTCT-Plus services. MOHSS is responsible for the development, implementation, and enforcement of national pharmacy policies and regulation.

Policy and Legal Framework

A national drug policy was launched in late 1998, and a committee was appointed to draft the NDP implementation strategy. The strategy was completed and published in 2000; however, it needs review to determine which aspects of the NDP have been fully implemented and enforced. Some pharmacy laws are in place: for example, the Pharmacy Profession Act, 1993, and the Namibia Medicines Regulatory Bill, replacing the Medicines and Related Substances Act, 1965, of South Africa, which is still in force. The extent of enforcement of these laws will be evaluated as part of the upcoming indicator-based assessment.

Management Support

There is no comprehensive system for managing information for pharmaceutical management at the MOHSS. However, national drug utilization reviews are conducted annually. Monitoring and evaluation is very weak, and supervision of the pharmaceutical sector seems to be minimal. The Pharmaceutical Control and Inspection Unit has only one inspector for the whole country. A manual for managing pharmaceutical stores was developed in 1998 and disseminated. In April 2001, a set of indicators for pharmaceutical services was designed to serve as the basis of an MIS; however, the level of implementation and impact of these manuals will need to be assessed. The manpower situation for pharmaceutical management is critical. Most vital positions in the pharmaceutical sector are either vacant or staffed by officials serving in acting positions in addition to handling their own portfolios. The National Medicines Policy Coordination Unit, which is responsible for policy education, implementation, and communication with regions, does not have any staff. Most pharmacies in the public sector are manned by pharmacy assistants, technologists, and/or nurses. There is no in-country preservice training for pharmacists nor in-service training programs. A two-year preparatory course for candidates desirous of reading pharmacy was commenced in 2002 by the Faculty of Science of the University of

Namibia. There is also a two-year training program for pharmacy assistants. For the success of HIV/AIDS programs in Namibia, the existing system for pharmaceutical management will require strengthening to ensure that quality pharmaceuticals required to support the various programs are made available in the right quantities, at the right place, and at the right time. In particular, CMS needs to build capacity to adequately quantify national requirements, efficiently deliver the commodities to the points of use, and monitor the use of these products.

Drug Financing

PSEMAS covers health care costs (including drugs) for public sector employees (employee contributions are NAD 60 [USD 9] per month per member, NAD 30 [USD 4] per month per dependent, with a 5 percent co-payment). This scheme is managed by the government through the Ministry of Finance. Private health insurance is also available. Drugs for the public sector are procured using the government "Trade Account" (regions budget annually for pharmaceuticals). Annual procurement of pharmaceuticals is of the order of NAD 98 million (USD 14 million). GRN has recently procured generic ARVs from Hetero, Ranbaxy, and Cipla. Under the GRN "Grain Fund" (monetized wheat sale proceeds donated by USDA), NAD 14 million has been allocated for the purchase of drugs for the MOHSS.

Registration and Importation

Every drug product registered in South Africa prior to 2001 was automatically considered to be registered in Namibia by the Pharmaceutical Control and Inspections Unit under the Pharmaceutical Services Division within the Tertiary Health Care Directorate of the MOHSS. However, after 2001, all drugs are now required to be registered in Namibia using a distinct process and criteria, with prior registration being grandfathered. The registration fee per unique product is NAD 60 (USD 9) with an annual renewal fee of NAD 20 (USD 3). It typically takes between three months and two years to register a product in Namibia. Although a system exists for expedited registration of some products, rapid introduction of new pharmaceuticals for PMTCT and ART programs may be affected. There are currently about 1,900 products on the May 2002 drug register. A Pharmacy Board exists to oversee the registration and licensing of pharmaceutical personnel and premises (e.g., retail and wholesale pharmacies). A permit is required for the importation of Schedule 5 to 7 drugs. Currently, ARVs are classified as Schedule 4 drugs but treated as Schedule 7 (narcotics) in order to maintain strict control of their distribution.

Central Medical Stores

CMS of the MOHSS has a newly renovated structure including good cold-storage facilities and warehouses with individual temperature controls. The store currently handles about 1,400 different items. A computerized inventory control system, SYSPRO™, was installed in 1998 by a South African firm. The software has been recently upgraded to SYSPRO™ 6.0 and may meet the needs of CMS; however, staff are not adequately trained to use the system, and the hardware facilities are inadequate. Maintenance of the system is problematic, which led CMS to fly in support personnel from South Africa to fix basic problems at high cost. CMS organizational structure, job descriptions, and personnel numbers have been the same since 1990, and have not

been reviewed in response to increasing workload. Consequently, CMS does not have enough staff for its operations, and the few staff in place are not adequately trained to handle all aspects of warehouse management. CMS does not currently have the organizational and human resource capacity to deal with the increased workload that will result from scale-up of PMTCT and ART programs. The CMS has a drug quality assurance laboratory that can run high-performance liquid chromatography.

In an apparent bid to ensure a more efficient CMS, the NDP implementation plan stated that "the possible transformation of CMS into a commercialized agency will be thoroughly investigated and resulting recommendations implemented." Several reviews of CMS have subsequently been done; however, there is no evidence of complete implementation of the various recommendations. At the time of the RPM Plus preassessment, MOHSS was contemplating another review of CMS and an external audit of its "Trade Account."

Drug Selection

The Namibia Essential Medicines List, NEMLIST, was updated and printed in 2003. Although treatment guidelines have been developed for some specific conditions such as hypertension, STIs, malaria, cholera, and ART, a comprehensive volume of standard treatment guidelines covering all diseases does not exist. The guidelines for ART were launched in May 2003. There was significant involvement of public and private practitioners in the development of the ART guidelines. The extent of dissemination and utilization of guidelines will be examined during the upcoming assessment.

Quantification

CMS does not have the capacity to conduct reliable quantification. In general, procurement quantities for drugs are determined by adding 10 percent to the quantity procured the previous year. No formal drug management information system is in place; hence data on consumption of pharmaceuticals and actual requirements of the regions are not routinely collected and monitored by CMS and are therefore not used as a basis for the quantification of needs.

Procurement

CMS conducts a number of international tenders for different product categories every two years and several local tenders and/or direct procurements during the intervening period. This pattern results in a heavy workload for the already understaffed CMS and may lead to higher prices. The tender process is fully localized within the MOHSS without the involvement of the tender board of the Ministry of Finance, as is required for other ministries. This structure shortens the procurement processing time and allows the MOHSS internal control of the procurement process. Supplier performance was reported to be inadequate, probably because of the constraining tender conditions. Procurement and donation guidelines and standard tender documents do exist; however, they may require review to determine whether the tender and contract conditions are adequate and transparent and allow for effective competition.

Distribution

Health facilities order products from CMS every six weeks, and CMS usually takes about four weeks to deliver the order. Intermittent orders may also be placed by facilities. Typically, CMS supplies 60–80 percent of the requirements of the facilities. It was noted that facilities occasionally get charged for products not ordered or delivered. CMS distributes to two regional depots, all district hospitals, and the two local hospitals and clinics in the Khomas region. Regional depots and district hospitals in turn are responsible for distribution to the other facilities in their jurisdiction. Delivery trucks are dispatched every Monday. CMS maintains its own fleet of trucks, which were reported to be aged and not suitable for the volume of distribution conducted. In light of the inadequate manpower levels, the option of CMS continuing to own and manage a transportation system versus using other transportation mechanisms for distribution of pharmaceuticals will be assessed during the upcoming RPM Plus assessment to determine the most efficient way of performing this task.

Rational Use

There is no national adverse drug reaction monitoring system in place. No drug information center exists for the promotion and dissemination of unbiased information on medicines. In one hospital visited, St. Mary's Hospital in Rehoboth, the Pharmacy Assistant enters and analyzes information on rational use and routinely reports the value of drug use indicators to medical personnel. A formal system for collating drug use indicators was designed and disseminated in 2001; however, it was not fully implemented. Collecting and analyzing drug use indicators nationally will provide valuable information for managing the pharmaceuticals required for HIV/AIDS programs. Monitoring ARV use indicators is important for appropriately responding to adverse reactions and the potential development of resistance, and also for evaluating the therapeutic efficacy of treatment regimens and the quality of drugs. This will help ensure an efficient and rational use of pharmaceuticals.

Annex 2. USAID Debriefing Presentation

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Preassessment of the Commodity Management System of the Republic of Namibia: Debriefing Notes

Dr. Michael Thuo
Laila Akhlaghi
Francis Aboagye-Nyame

August 25, 2003

Purpose of Visit

- Discuss and identify the support that RPM Plus can provide to USAID/Namibia initiatives in support of MOHSS
- Discuss methodology, data availability, and accessibility and identify key informants and collaborators for the upcoming assessment of current pharmaceutical management capabilities to support scaling up and expansion of PMTCT, PMTCT-Plus, and ART programs

Pharmaceutical Management for HIV/AIDS Programs

- Increased resources for pharmaceuticals attributable to global initiatives and pharmaceutical donation programs
  - ~ National budgets; Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM); World Bank; Clinton Foundation; President Bush's International Mother and Child HIV Prevention Initiative
- Lack of national pharmaceutical system readiness
  - ~ Selection, procurement, storage, distribution, and use
- Lack of human resource capacity
  - ~ Quantity, type, and quality

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Accomplishing the Task: Key Informant Interviews

- MOHSS
  - ~ Undersecretary of Health, Dr. Forster
  - ~ Division of Pharmaceutical Services
  - ~ CMS
  - ~ TB Program
  - ~ NACOP
- USAID
- CDC
- UNFPA
- FHI
- GTZ
- Condom Committee
- Chamber of Mines
- PSEMAS/NAMHEALTH
- Chairperson, HIV Clinicians Society
- Private retail pharmacist
- Private wholesaler

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Accomplishing the Task: Visits to Selected Sites

- Hospitals Visited
  - ~ Katatura Hospital
  - ~ St. Mary's Hospital
- Services Observed
  - ~ NIP Laboratory
  - ~ Pharmacy
  - ~ ANC/Maternity
  - ~ PMTCT program

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Accomplishing the Task: Document Retrieval/Review

- National Drug Policy
- NEMLIST
- ART Guidelines
- HIV/AIDS Clinical Management
- National Pharmaceutical Master Plan
- Various CMS reviews
- CMS Procurement Guidelines
- Drug Use Surveys
- Pharmacy Act
- Minutes of various pharmacists meetings
- Namibia medicines register
- Drug registration procedures
- Draft Namibia regulatory council bill
- Various treatment guidelines
- CMS Tender Documents
- Commodity management forms
- Medicines and related Substances Control Act

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Division of Pharmaceutical Services: Policy and Legal Framework

- Findings
  - ~ National Drug Policy, 1998
  - ~ NDP implementation strategy
  - ~ Pharmacy laws in place
  - ~ No comprehensive STG
    - – Guidelines for specific conditions
  - ~ EML 2003
  - ~ No national ADR monitoring scheme and drug information system
- Comments
  - ~ Enabling policy and legal frame work exists
  - ~ Minimal implementation of strategy

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Division of Pharmaceutical Services: Management Support

- Findings
  - ~ Pharmaceuticals financed by government
  - ~ Fixed fee system for health services with a 5% co-payment
  - ~ MIS developed
  - ~ No in-country preservice training for pharmacists
  - ~ Training institution for Pharmacy Assistants
  - ~ Lack of trained manpower at all levels
- Comments
  - ~ Critical manpower situation
  - ~ Need to address motivation and career progression issues
  - ~ Unclear monitoring, evaluation and supervision systems

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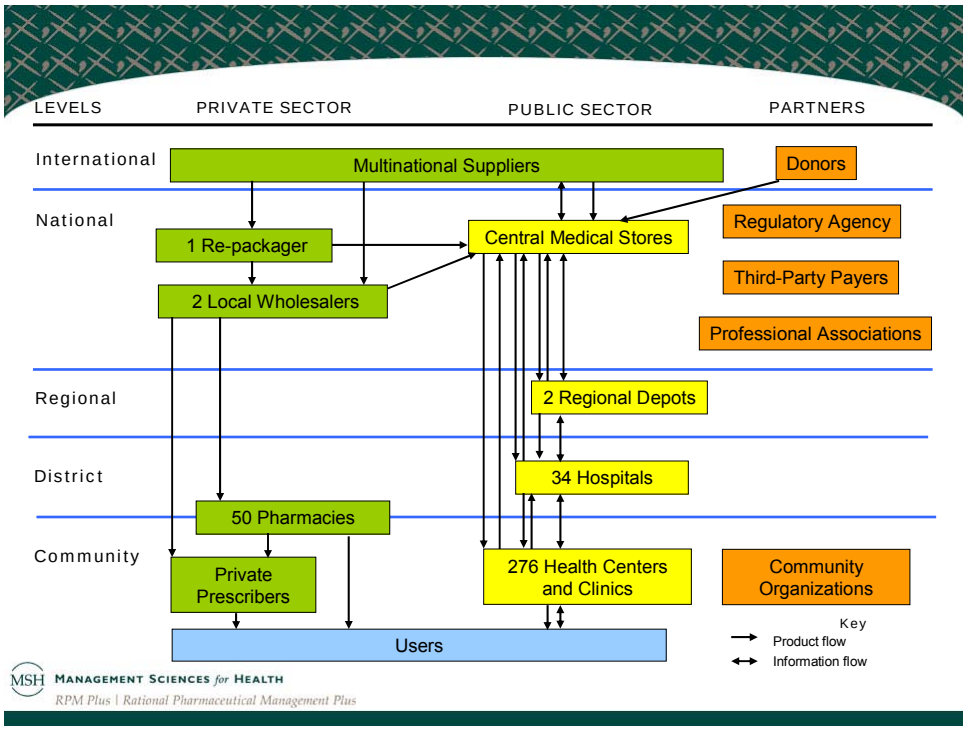
LEVELS
PRIVATE SECTOR
PUBLIC SECTOR
PARTNERS
International
National
Regional
District
Community
Multinational Suppliers
Donors
1 Re-packager
Central Medical Stores
Regulatory Agency
2 Local Wholesalers
Third-Party Payers
Professional Associations
2 Regional Depots
34 Hospitals
50 Pharmacies
Private Prescribers
276 Health Centers and Clinics
Community Organizations
Users
Key
Product flow
Information flow
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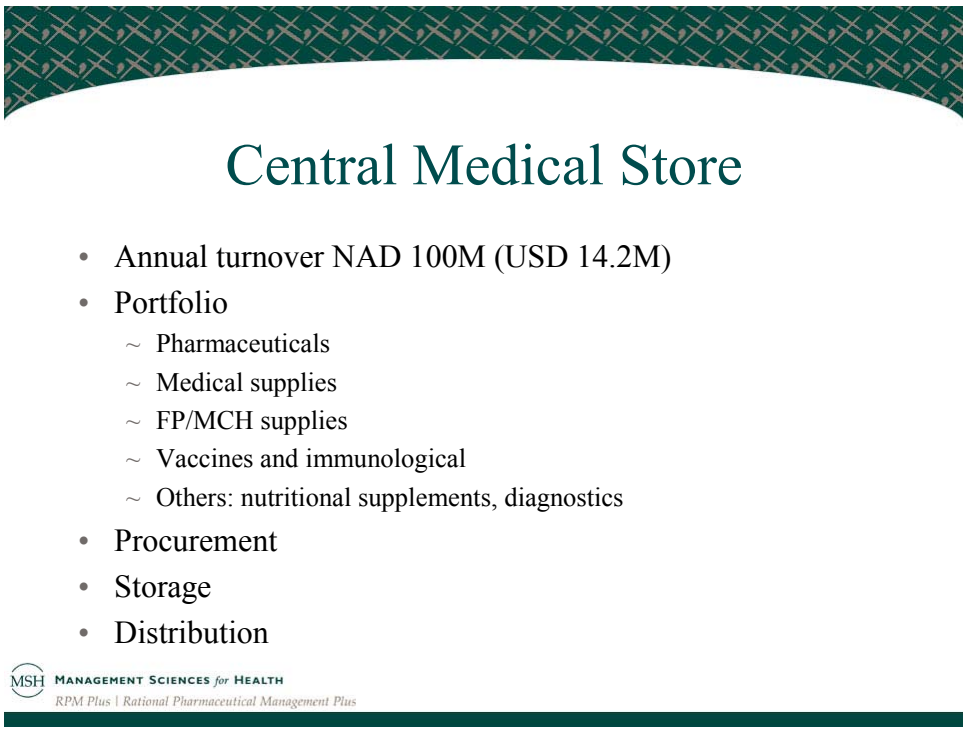
Central Medical Store
• Annual turnover NAD 100M (USD 14.2M)
• Portfolio
~ Pharmaceuticals
~ Medical supplies
~ FP/MCH supplies
~ Vaccines and immunological
~ Others: nutritional supplements, diagnostics
• Procurement
• Storage
• Distribution
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Central Medical Stores: Procurement – Findings (1)

- Procurement and donation regulations/guidelines in place
- Procurement process fully localized in MOHSS and not through MOF tender board
- Poor procurement planning
- Quantification of needs based on past procurement figures
- International open tenders conducted
- Local preference applied [Tiered levels]

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Central Medical Stores: Procurement – Findings (2)

- "Buy out" contracts done
- Local procurement done to fill gaps
- Poor supplier response to RFQs
- Poor supplier performance
- Sample evaluation not required from all suppliers; normally done for new suppliers
- LCs used for international procurement
- No problems with payment to vendors

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Central Medical Stores: Procurement - Comments

- Quantification system needs strengthening
- Tender and contract conditions may need review
- Quality assurance system for procurement needs strengthening
- Supplier monitoring inadequate

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Central Medical Stores: Storage

- Findings
  - ~ Storage conditions adequate
  - ~ Cold storage facilities adequate
  - ~ Handling equipment adequate
  - ~ Shelving and pallets adequate
  - ~ Inadequate security

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Central Medical Stores: Distribution

- Findings
  - ~ Distribute to
    - – 2 depots; hospitals/clinics
  - ~ Pull system
  - ~ Scheduled delivery system
  - ~ Inadequate quality of trucks
  - ~ Inadequate systems for picking and packing
- Comments
  - ~ Distribution system inadequate

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Central Medical Stores: Management Support

- Personnel
  - ~ Inadequate numbers
  - ~ "Right person doing the right job"
- Inventory Management
  - ~ Perpetual ordering system
  - ~ Computerized: CISPRO 2001
    - – Personnel not adequately trained in use of software
    - – Not tender administration module
    - – No in-house systems administrator
    - – Expensive to maintain
- Inadequate flow of information between various levels of supply chain
- Inadequate M&E system

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HIV/AIDS Prevention, Treatment, and Care Services Strategy

- Medium Term Plan II (1999–2004)
  - ~ Prevention of HIV/AIDS through development and production of IEC materials and messages and dissemination of information on HIV/AIDS
  - ~ Prevention of HIV/AIDS infection through the use of condoms, i.e., strengthening the source of condom supply and distribution channels
  - ~ Provision of care and support to PLWHA
- Additional elements
  - ~ VCT, 2002
  - ~ PMTCT-Plus, 2002
  - ~ HAART, 2003

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Organization

- NAEC
- NACOP
  - ~ HIV/AIDS
    - – STI
    - – IEC & Social Mobilization
    - – Program Management
    - – Case Management
    - – Counseling
  - ~ TB
  - ~ Home-Based Care
- Partners
  - ~ CDC
  - ~ USAID
  - ~ UNAIDS
  - ~ UNICEF
  - ~ EC
  - ~ Franco-Namibia Cooperation
  - ~ GTZ
  - ~ FHI
  - ~ UNFPA

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Service Provision Centers

- 35 centers planned starting with 6 in phase 1
- MOHSS: 6 regions (CDC supported)
  - ~ Khomas
  - ~ Erongo
  - ~ Caprivi
  - ~ Kavango
  - ~ Karas
  - ~ Oshana
- USAID: 5 faith-based hospitals
  - ~ Andara Hospital
  - ~ Oshikuku Hospital
  - ~ St. Mary's Hospital
  - ~ Nyangana Hospital
  - ~ Onandjokwe Hospital

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Laboratory Services (1)

- National Institute of Pathology
  - ~ Parastatal (50% government owned)
  - ~ Supported by CDC (equipment, TA, training, test kits)
  - ~ 1 referral lab in Katatura Hospital, Windhoek
  - ~ 29 labs attached to various hospitals
  - ~ Various collection points
  - ~ Good transportation infrastructure for specimens
  - ~ Services private sector
  - ~ SOPs, M&E, QA systems in place

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Laboratory Services (2)

- Fixed fees covers lab services
- Lab cost paid for by CDC through performance contract
  - ~ CD4
  - ~ Viral load

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Commodity Management Challenges

- People
  - ~ Lack of personnel – quality and quantity, lack of in-service training, lack of incentives and motivation schemes for personnel, many key positions vacant
- Supply System efficiency
  - ~ Inventory management system (not fully utilized), unclear MIS, old trucks, poor quantification and procurement planning, limiting tender procedures and conditions, inadequate quality assurance, poor supplier performance
- Organization & Management
  - ~ Incomplete drug policy implementation, inefficient information flow between various levels, ineffective M&E at all levels

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RPM Plus Approach

1. Preassessment
2. Diagnostic assessment of performance and potential
3. Development of strategic options
4. Options analysis with stakeholders
5. Implementation of preferred option

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S

Next Steps

- Respond to immediate commodity management needs
  - ~ TA for quantification of needs
- Diagnostic assessment of performance and potential of the existing commodity management system to support PMTCT, PMTCT-Plus, and ART programs
  - ~ Develop strategic options
  - ~ Options analysis with stakeholders
  - ~ Implementation of preferred option(s)

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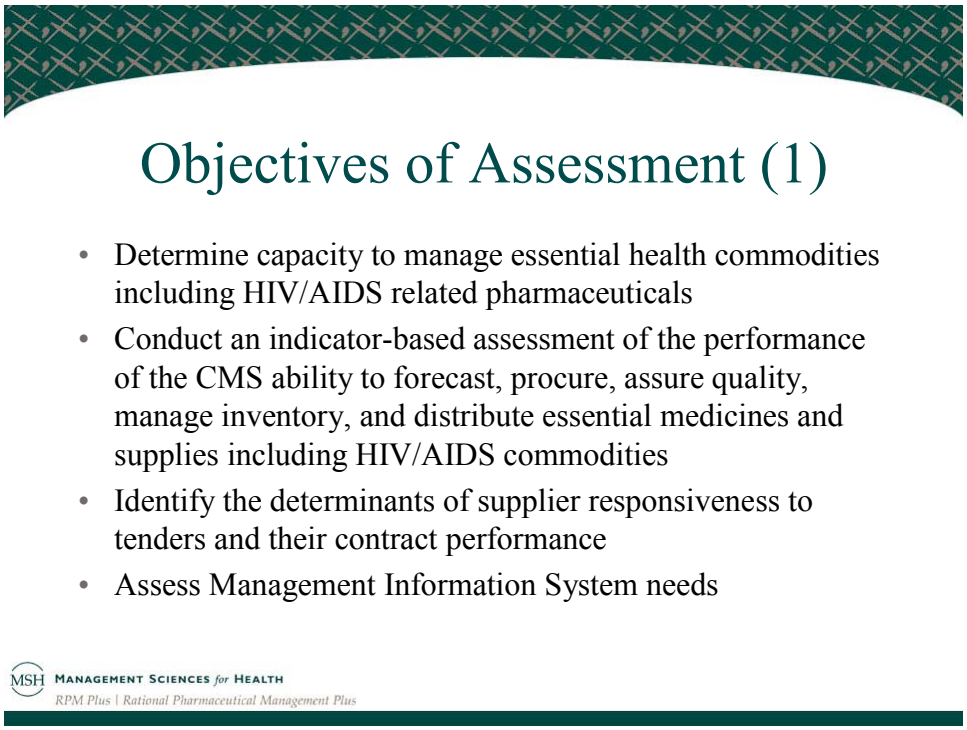
Objectives of Assessment (1)
Determine capacity to manage essential health commodities including HIV/AIDS related pharmaceuticals
Conduct an indicator-based assessment of the performance of the CMS ability to forecast, procure, assure quality, manage inventory, and distribute essential medicines and supplies including HIV/AIDS commodities
Identify the determinants of supplier responsiveness to tenders and their contract performance
Assess Management Information System needs
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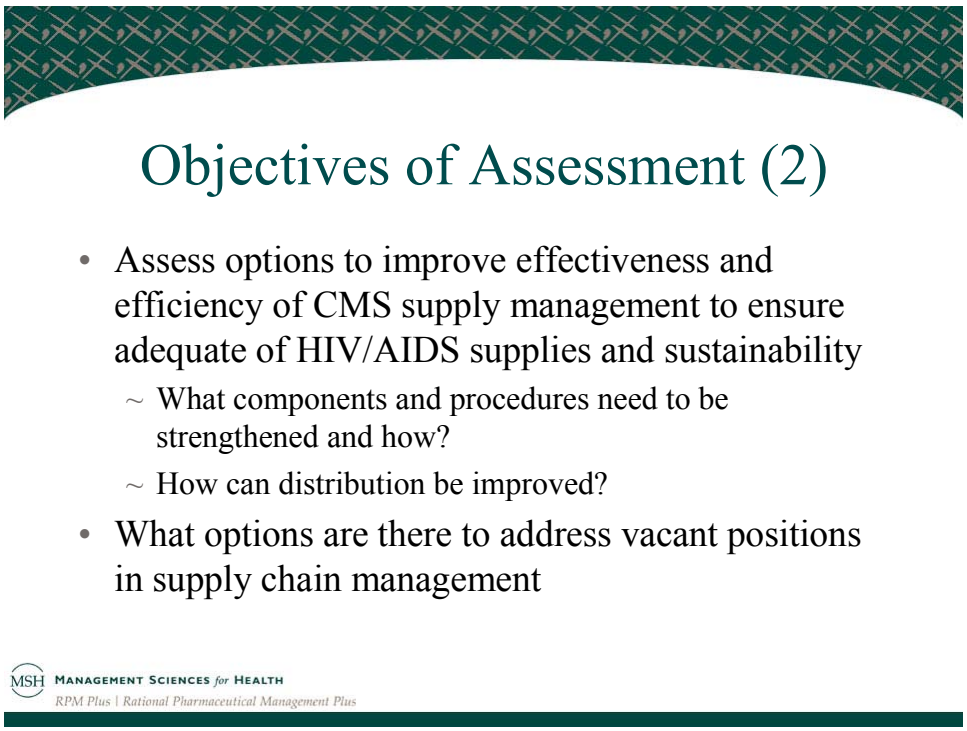
Objectives of Assessment (2)
Assess options to improve effectiveness and efficiency of CMS supply management to ensure adequate of HIV/AIDS supplies and sustainability
~ What components and procedures need to be strengthened and how?
~ How can distribution be improved?
What options are there to address vacant positions in supply chain management
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Thank You
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Annex 3. RPM Plus Debriefing Presentation

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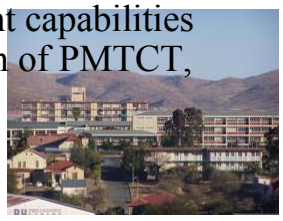
Preassessment of the Commodity Management System of the Republic of Namibia: Debriefing Notes

Laila Akhlaghi
Francis Aboagye-Nyame

September 12, 2003

Purpose of Visit

- Discuss and identify the support that RPM Plus can provide to USAID/Namibia initiatives in support of MOHSS
- Discuss methodology, data availability, and accessibility and identify key informants and collaborators for the upcoming assessment of current pharmaceutical management capabilities to support scaling up and expansion of PMTCT, PMTCT-Plus, and ART programs



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Context

- Stakeholders continued call for enhancement of pharmaceutical, commodity, and logistics management systems
- Increased funding due to new initiatives
  - ~ PMTCT
  - ~ PMTCT-Plus
  - ~ ART
- MOHSS pushing for immediate implementation of ART in all regions

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PHN IR

IR3: PLWA and families receiving quality care, support, and treatment, including HAART

IR 3.1 Capacity developed for management of ARV and OI drugs, condoms and other related HIV/AIDS commodities, working with MOHSS Central and Regional Medical Stores and NGO sector as appropriate

Enhance pharmaceutical and commodity management and logistical systems

Drugs for OIs and ART available

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USAID PHN Strategy for Commodity Management

- USAID will support an assessment of the CMS system at the central and regional levels and provide logistics management training and long-term technical assistance to the CMS so the central managers can serve as trainers of trainers at the regional and local level.
- USAID will also assist with the installation of a fully computerized forecasting and distribution system which links the national office to the regional-level units.

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Accomplishing the Task

- Key informant interviews
- Site visits
- Document retrieval/review

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Key Informant Interviews

- MOHSS
  - ~ Undersecretary of Health, Dr. Forster
  - ~ Division of Pharmaceutical Services
  - ~ CMS
  - ~ TB Program
  - ~ NACOP
- USAID
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- PSEMAS/NAMHEALTH
- Chairperson, HIV Clinicians Society
- Private retail pharmacist
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Visits to Selected Sites

- CMS
- Hospitals visited
  - ~ Katatura Hospital
  - ~ St. Mary's Hospital
- Services observed
  - ~ NIP Laboratory
  - ~ Pharmacy
  - ~ ANC/Maternity
  - ~ PMTCT program

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Document Retrieval/Review

- National Drug Policy
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- Minutes of various pharmacists meetings
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- Various treatment guidelines
- CMS Tender Documents
- Commodity management forms
- Medicines and related Substances Control Act

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Preliminary Impressions

- Division of Pharmaceutical Services
- Central Medical Stores
- HIV/AIDS prevention, treatment, and care services

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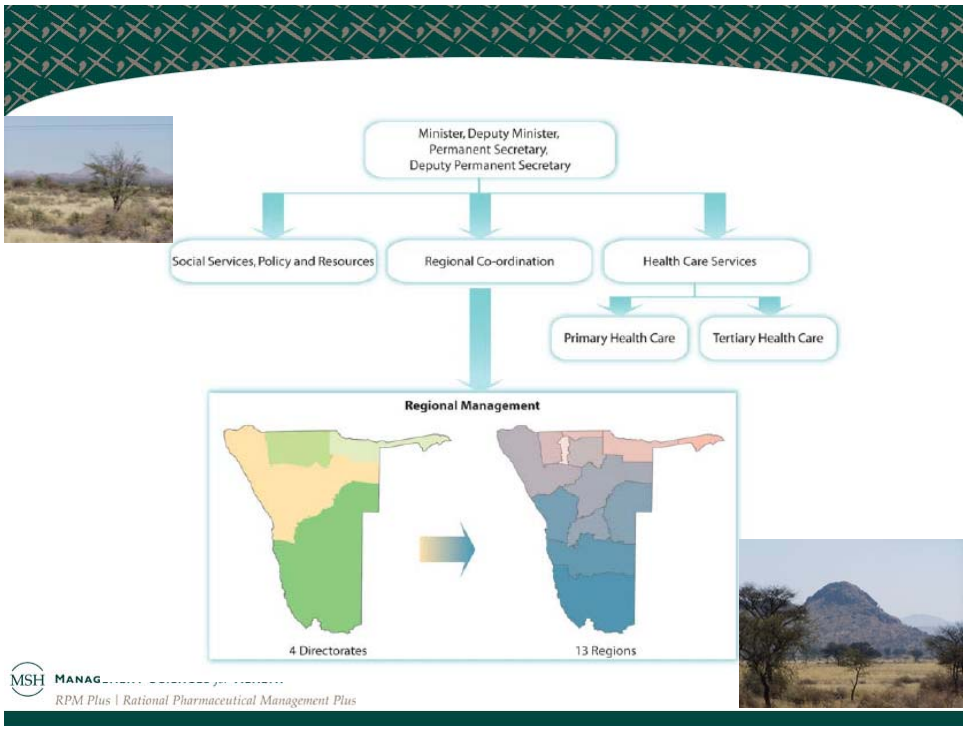
Minister, Deputy Minister,
Permanent Secretary,
Deputy Permanent Secretary
Social Services, Policy and Resources
Regional Co-ordination
Health Care Services
Primary Health Care
Tertiary Health Care
Regional Management
4 Directorates
13 Regions
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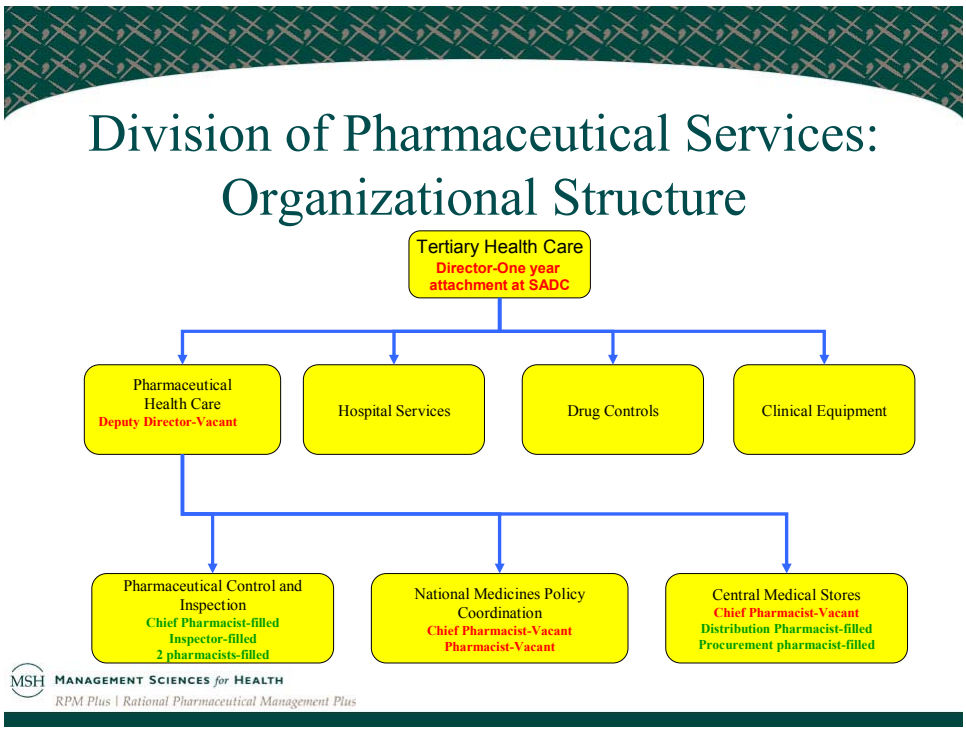
Division of Pharmaceutical Services:
Organizational Structure
Tertiary Health Care
Director-One year attachment at SADC
Pharmaceutical Health Care
Deputy Director-Vacant
Hospital Services
Drug Controls
Clinical Equipment
Pharmaceutical Control and Inspection
Chief Pharmacist-filled
Inspector-filled
2 pharmacists-filled
National Medicines Policy Coordination
Chief Pharmacist-Vacant
Pharmacist-Vacant
Central Medical Stores
Chief Pharmacist-Vacant
Distribution Pharmacist-filled
Procurement pharmacist-filled
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Division of Pharmaceutical Services: Policy and Legal Framework

- Findings
  - ~ National Drug Policy, 1998
  - ~ NDP implementation strategy
  - ~ Pharmacy laws in place
  - ~ No comprehensive STG
    - – Guidelines for specific conditions
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  - ~ No national ADR monitoring scheme and drug information system
- Comments
  - ~ Enabling policy and legal frame work exists
  - ~ Minimal implementation of strategy

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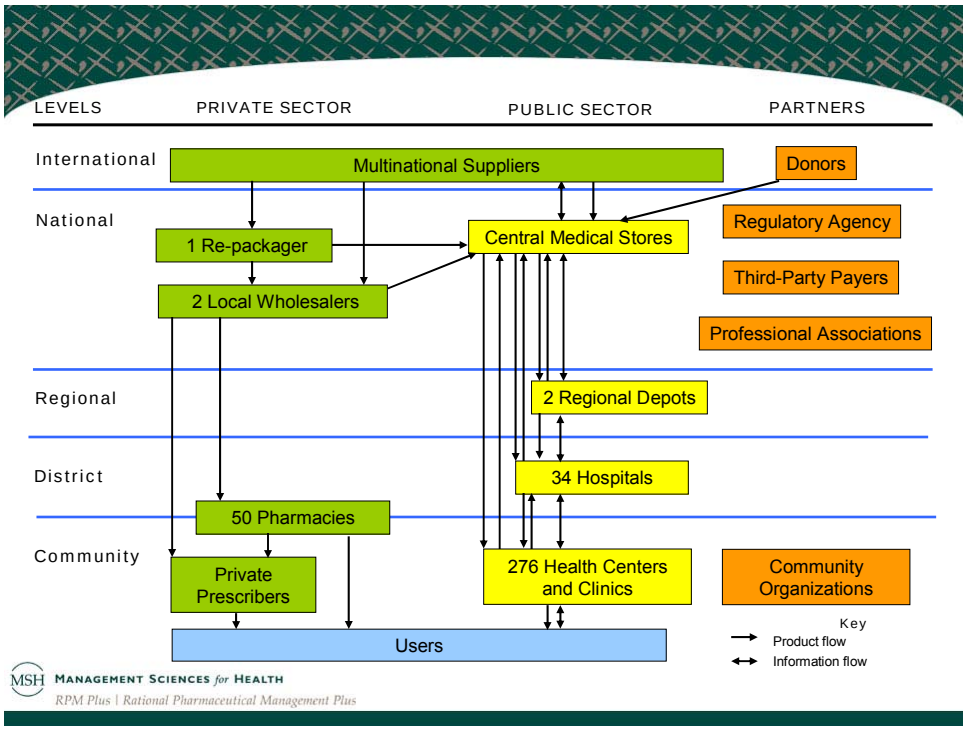
LEVELS
PRIVATE SECTOR
PUBLIC SECTOR
PARTNERS
International
National
Regional
District
Community
Multinational Suppliers
Donors
1 Re-packager
Central Medical Stores
Regulatory Agency
2 Local Wholesalers
Third-Party Payers
Professional Associations
2 Regional Depots
34 Hospitals
50 Pharmacies
Private Prescribers
276 Health Centers and Clinics
Community Organizations
Users
Key
Product flow
Information flow
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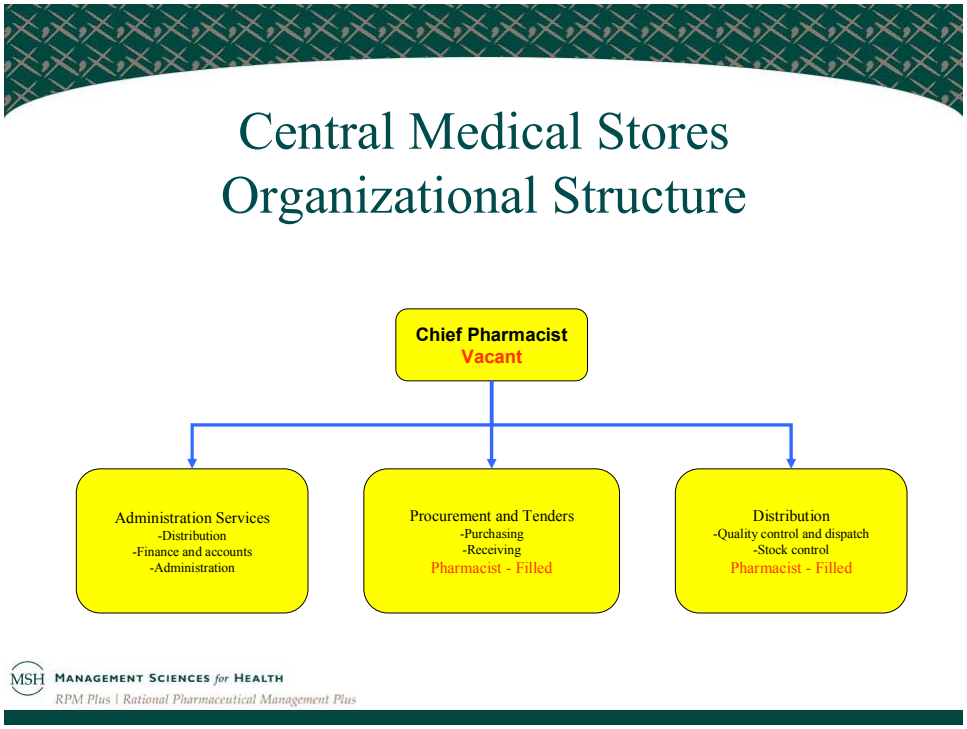
Central Medical Stores
Organizational Structure
Chief Pharmacist
Vacant
Administration Services
-Distribution
-Finance and accounts
-Administration
Procurement and Tenders
-Purchasing
-Receiving
Pharmacist - Filled
Distribution
-Quality control and dispatch
-Stock control
Pharmacist - Filled
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Central Medical Store

- Annual turnover NAD 100M (USD 14.2M)
- Portfolio
  - ~ Pharmaceuticals
  - ~ Medical supplies
  - ~ FP/MCH supplies
  - ~ Vaccines and immunological
  - ~ Others: nutritional supplements, diagnostics
- Procurement
- Storage
- Distribution

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Central Medical Stores: Procurement – Findings (1)

- Procurement and donation regulations/guidelines in place
- Procurement process fully localized in MOHSS and not through MOF tender board
- Poor procurement planning
- Quantification of needs based on past procurement figures
- International open tenders conducted
- Local preference applied [Tiered levels]

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Central Medical Stores: Procurement – Findings (2)

- "Buy out" contracts done
- Local procurement done to fill gaps
- Poor supplier response to RFQs
- Poor supplier performance
- Sample evaluation not required from all suppliers; normally done for new suppliers
- LCs used for international procurement
- No problems with payment to vendors

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Central Medical Stores: Procurement – Comments

- Quantification system needs strengthening
- Tender and contract conditions may need review
- Quality assurance system for procurement needs strengthening
- Supplier monitoring inadequate

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Central Medical Stores: Storage

- Findings
  - ~ Storage conditions adequate
  - ~ Cold storage facilities adequate
  - ~ Handling equipment adequate
  - ~ Shelving and pallets adequate
  - ~ Inadequate security






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Central Medical Stores: Distribution

- Findings
  - ~ Distribute to
    - – 2 depots; hospitals/clinics in Khomas region and 12 other regional hospitals
  - ~ Pull system
  - ~ Scheduled delivery system
  - ~ Aged trucks
  - ~ Inadequate systems for picking and packing
- Comments
  - ~ Distribution system inadequate

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Central Medical Stores: Management Support

- Personnel
  - ~ Inadequate numbers
  - ~ "Right person doing the right job"
- Inventory Management
  - ~ Perpetual ordering system
  - ~ Computerized: SYSPRO™ 6.0
    - – Personnel not adequately trained in use of software
    - – No tender administration module
    - – No in-house systems administrator
    - – Expensive to maintain
- Inadequate flow of information between various levels of supply chain
- Inadequate M&E system

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HIV/AIDS Prevention, Treatment, and Care Services Strategy

- Medium Term Plan II (1999-2004)
  - ~ Prevention of HIV/AIDS through development and production of IEC materials and messages and dissemination of information on HIV/AIDS
  - ~ Prevention of HIV/AIDS infection through the use of condoms, i.e., strengthening the source of condom supply and distribution channels
  - ~ Provision of care and support to PLWHA
- Additional elements
  - ~ VCT, 2002
  - ~ PMTCT-Plus, 2002
  - ~ HAART, 2003

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Organization

- NAEC
- NACOP
  - HIV/AIDS
    - STI
    - IEC & Social Mobilization
    - Program Management
    - Case Management
    - Counseling
  - TB
  - Home-Based Care
- Partners
  - CDC
  - USAID
  - UNAIDS
  - UNICEF
  - EC
  - Franco-Namibia Cooperation
  - GTZ
  - FHI
  - UNFPA

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Service Provision Centers

- 35 centers planned starting with 6 in phase 1
- MOHSS: 6 regions (CDC supported)
  - Khomas
  - Erongo
  - Caprivi
  - Kavango
  - Karas
  - Oshana
- USAID: 5 faith-based hospitals
  - Andara Hospital
  - Oshikuku Hospital
  - St. Mary's Hospital
  - Nyangana Hospital
  - Onandjokwe Hospital

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Laboratory Services (1)

- National Institute of Pathology
  - ~ Parastatal (50% government owned)
  - ~ Supported by CDC (equipment, TA, training, test kits)
  - ~ 1 referral lab in Katatura Hospital, Windhoek
  - ~ 29 labs attached to various hospitals
  - ~ Various collection points
  - ~ Good transportation infrastructure for specimens
  - ~ Services private sector
  - ~ SOPs, M&E, QA systems in place

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Laboratory Services (2)

- Fixed fees covers lab services
- Lab cost paid for by CDC through performance contract
  - ~ CD4
  - ~ Viral load

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Commodity Management Challenges

- People
  - ~ Lack of personnel – quality and quantity, lack of in-service training, lack of incentives and motivation schemes for personnel, many key positions vacant
- Supply System Efficiency
  - ~ Inventory management system (not fully utilized), unclear MIS, old trucks, poor quantification and procurement planning, limiting tender procedures and conditions, inadequate quality assurance, poor supplier performance
- Organization & Management
  - ~ Incomplete drug policy implementation, inefficient information flow between various levels, ineffective M&E at all levels

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Expectations (1)

- USAID
  - ~ Complete assessment to start by end of September
  - ~ Recommendations for strengthening CMS
  - ~ Steady supply of all commodities
  - ~ Training in quantification
  - ~ Long-term TA for CMS
  - ~ Terms of reference
- MoHSS
  - ~ "Strengthen everything at CMS to be able to manage programs"
  - ~ Information on expenditures and Trade Account
  - ~ Improve internal management and organization
  - ~ Improve supply management
  - ~ Rational prescribing
  - ~ Incentives for keeping pharmacists

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Expectations (2)

- CMS
  - ~ Do they have a cost-effective, efficient system?
  - ~ Quantification
  - ~ Accounts
  - ~ Procurement and logistics
  - ~ Training in MIS
  - ~ New trucks
  - ~ New staff/reorganization
- CDC
  - ~ "Personnel to get through the crises"
  - ~ Review whole CMS system
  - ~ Information management system at CMS
  - ~ Quantification

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Next Steps

- Respond to immediate commodity management needs
  - ~ TA for quantification of needs
  - ~ TA for systems analysis of computerized inventory control system
- Diagnostic assessment of performance and potential of the existing commodity management system to support PMTCT, PMTCT-Plus and ART programs
  - ~ Develop strategic options
  - ~ Options analysis with stakeholders
  - ~ Implementation of preferred option(s)
- Long-term TA

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Annex 4. List of Documents Retrieved

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2. National Strategic Plan on HIV/AIDS (Medium Term Plan II) 1999-2004, MoHSS, March 1999

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5. Report of the 2002 National HIV Sentinel Survey, MoHSS

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10. CDC/HRSA Global AIDS Program Assessment Report, CDC/HRSA, January 2002

11. Workshop on National GAP Analysis and Priority Setting for the Namibia Co-ordinated Country Proposal to the Global Fund, August 2002

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2. Tender Board of Namibia Act, 1996

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9. National Policy and Strategy for Malaria Control, MoHSS, November 1995

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